Understanding the Glycemic Status Control HEDIS Measure (GSD)

Fall Gather & Grow Conference
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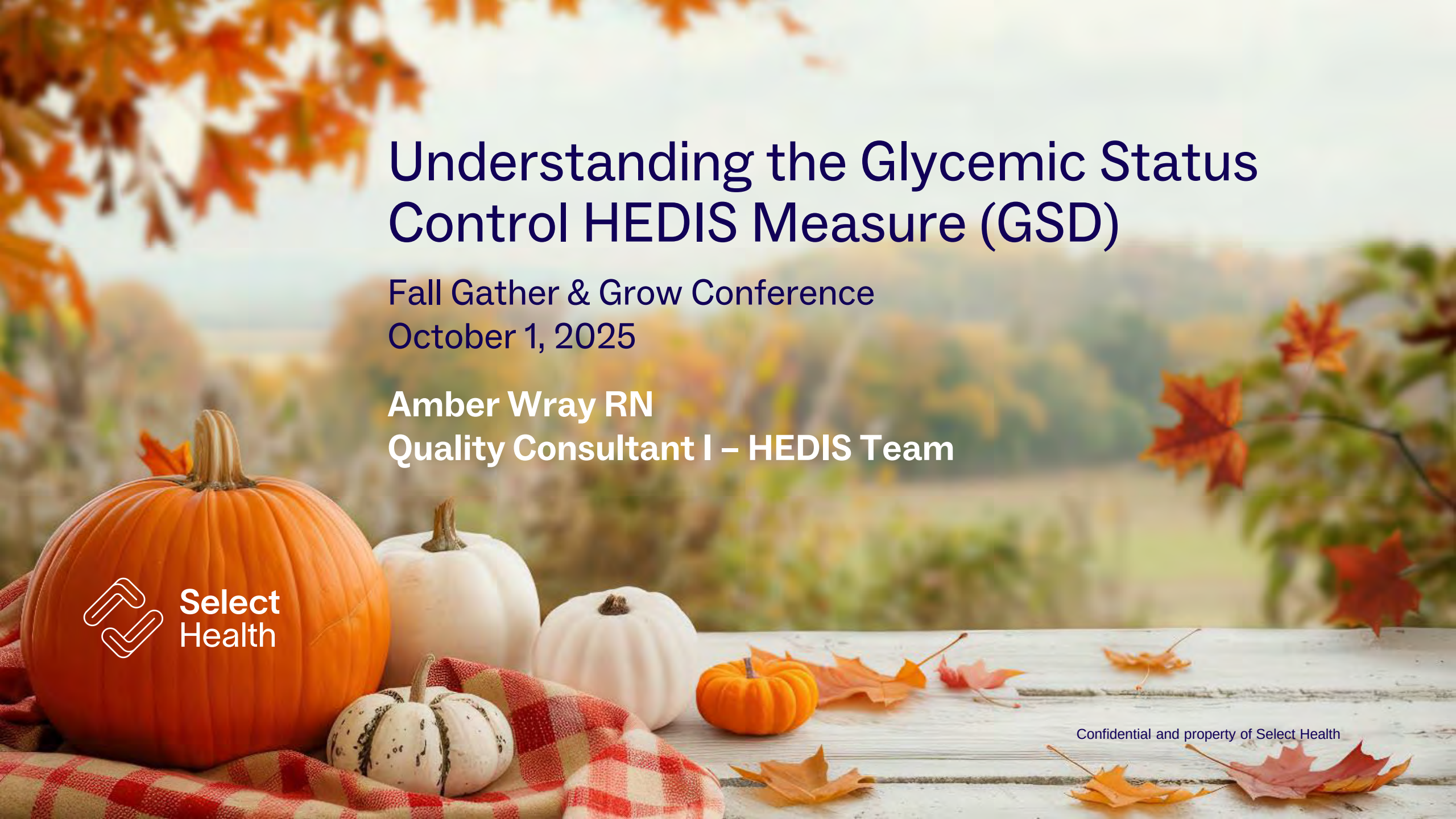


Select Health

What is the Glycemic Status for Diabetics (GSD) Measure?

The GSD measure:[1]

- Assesses the glycemic status control in patients aged 18–75 with type I & II diabetes
- Includes both hemoglobin (HbA1c) and glucose management indicator (GMI) values
- Targets:
  - **Good Control**: HbA1c or GMI < 8.0%
  - **Poor Control**: HbA1c or GMI > 9.0%
- Uses medical and pharmacy claims data to identify patients

Best Practices for Glycemic Status Monitoring & Reporting

Frequency: Test A1c 2 to 4 times annually.

Follow-Up: Patients with A1c >8% should be re-tested every 3 months.

Documentation:[2]

- A1c results include date collected **OR** reported **AND** numeric results.
- Continuous glucose monitoring (CGM) results include **EITHER**:
  - 14-day CGM date range **AND** GMI numeric result
  - **OR** an upload of 14-day CGM data report

Coding:

Use CPT II codes for HgbA1c:[3]

- **3044F** (<7%)
- **3051F** (7–7.9%)
- **3052F** (8–9%)
- **3046F** (>9%)

NOTE: Currently, there are no CPT II codes for GMI.

Glycemic Control

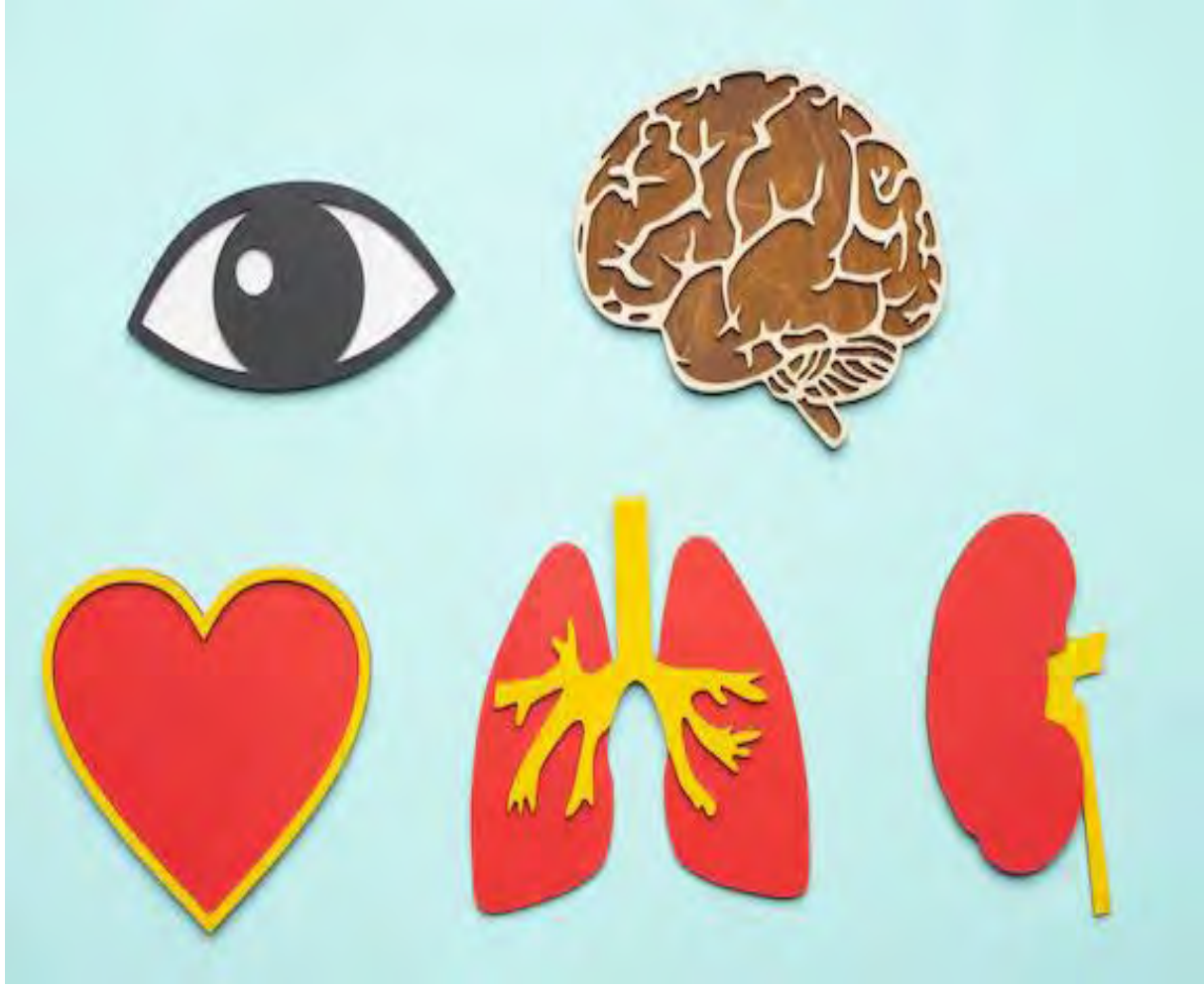
Select Health

Poor control increases risk of:

- Cardiovascular events
- Kidney disease
- Neuropathy and retinopathy

HbA1c variability is linked to higher mortality and adverse outcomes.

Stable control (HbA1c is approximately 7.5%) offers the best outcomes for most patients.[4]



A1c vs GMI – What's the Difference?[5]

Hemoglobin A1c:

- Is a lab test
- Reflects 2–3 months average glucose
- May be skewed by anemia, kidney disease, or hemoglobin variants

Glucose Management Indicator (GMI):

- Is a CGM monitor reading
- Reflects estimated A1c from ≥ 14 days of CGM data
- Can be more reflective of real-time glucose trends

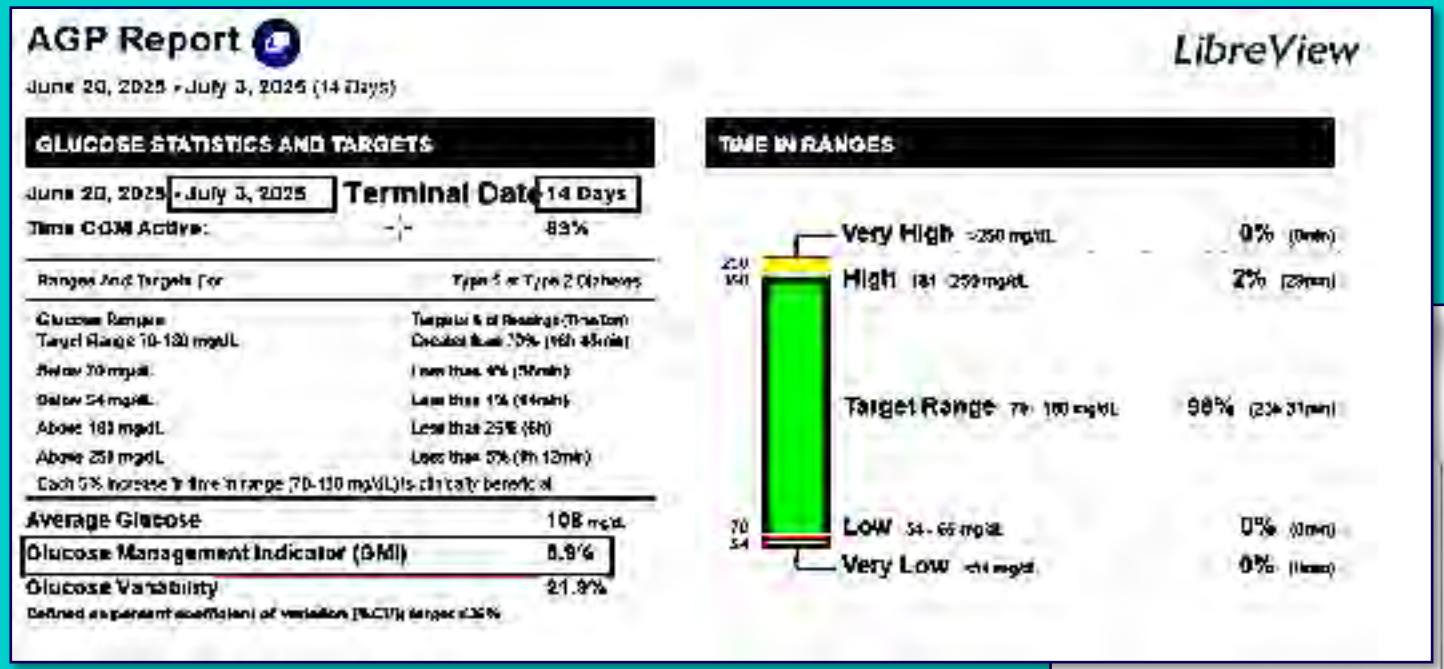
HEDIS Documentation Requirements for GMI

- ❑ CGM date range (≥ 14 days)
- ❑ Terminal date (last date of 14-day period) used as assessment date
- ❑ Numeric GMI result

NOTE: Correction option for GMI coming soon.

Examples of Correct Documentation

CGM Report Data



AGP Report

LibreView

June 20, 2025 - July 3, 2025 (14 Days)

GLUCOSE STATISTICS AND TARGETS

June 20, 2025 - July 3, 2025 **Terminal Date** 14 Days

Time CGM Active: -:- 83%

Ranges And Targets For	Type 1 or Type 2 Diabetes
Glucose Ranges Target Range 70-180 mg/dL	Targets for % of Readings (Time in Range) Greater than 70% (16h 48min)
Below 70 mg/dL	Less than 4% (58min)
Below 54 mg/dL	Less than 1% (14min)
Above 180 mg/dL	Less than 25% (6h)
Above 250 mg/dL	Less than 5% (1h 12min)

Each 5% increase in time in range (70-180 mg/dL) is clinically beneficial

Average Glucose	108 mg/dL
Glucose Management Indicator (GMI)	6.9%
Glucose Variability	21.9%

Defined as percent coefficient of variation (%CV); target ≤ 36%

TIME IN RANGES

Provider Note

12/04/2024

[redacted]

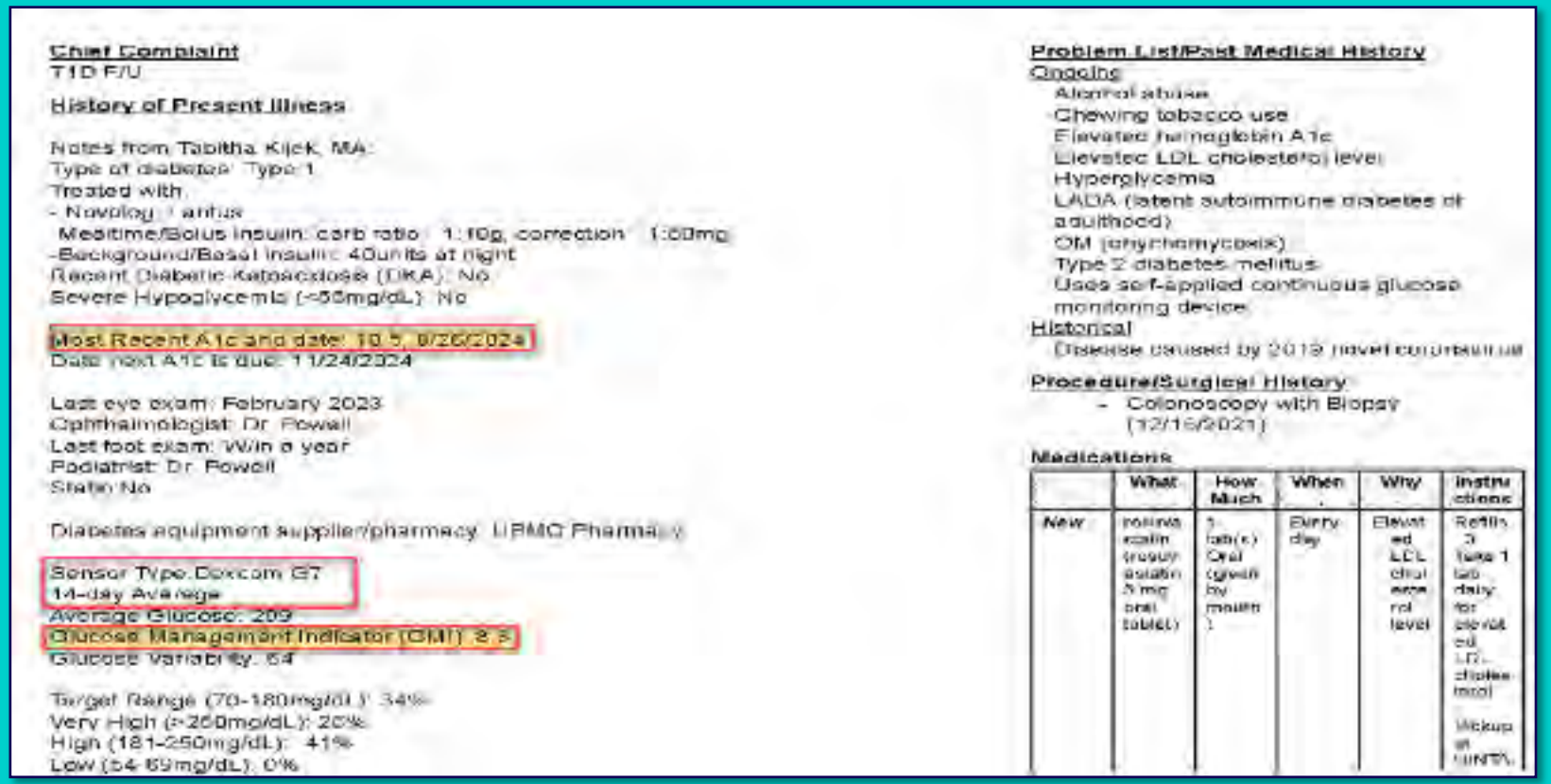
THYROID: Normal - Thyroid Normal size texture, no tenderness, and no palpable nodules.
CARDIO: Normal - Regular rate.
EXTREMITIES: Normal - full and painless ROM BL upper and lower extremities
MUSCULOSKELETAL: Normal - No peripheral or pedal edema
SKIN: Normal - warm, dry, well perfused
NEURO: Normal - A&Ox3.
PSYCH: Normal - Patient alert and oriented.

Assessment:
Diabetes Mellitus Type 1
Subclinical hypothyrodism
Vitamin D Deficiency

Plan/Visit Summary:
A1c in 11/2024 is 9.4% and GMI for the last 2 weeks is 6.5%. On review of CGM, patient does not regularly check her blood sugars and therefore likely misses mealtime boluses. She admits to dietary indiscretion. She only eats 2 meals per day.

Examples of Correct Documentation, Continued

Other Provider Note Examples



Chief Complaint
T1D F/U

History of Present Illness

Notes from Tabitha Klick, MA:
Type of diabetes: Type 1
Treated with:
- Novolog / aniius
Mealtime/Bolus insulin: carb ratio: 1:10g, correction: 1:50mg
-Background/Basal insulin: 40units at night
Recent Diabetic Ketoacidosis (DKA): No
Severe Hypoglycemia (<50mg/dL): No

Most Recent A1c and date: 10.5, 9/26/2024
Date next A1C is due: 11/24/2024

Last eye exam: February 2023
Ophthalmologist: Dr. Powell
Last foot exam: Within a year
Podiatrist: Dr. Powell
Statin: No

Diabetes equipment supplier/pharmacy: UPMC Pharmacy

Sensor Type:Dexcom G7
14-day Average
Average Glucose: 209
Glucose Management Indicator (GMI): 8.5
Glucose Variability: 64

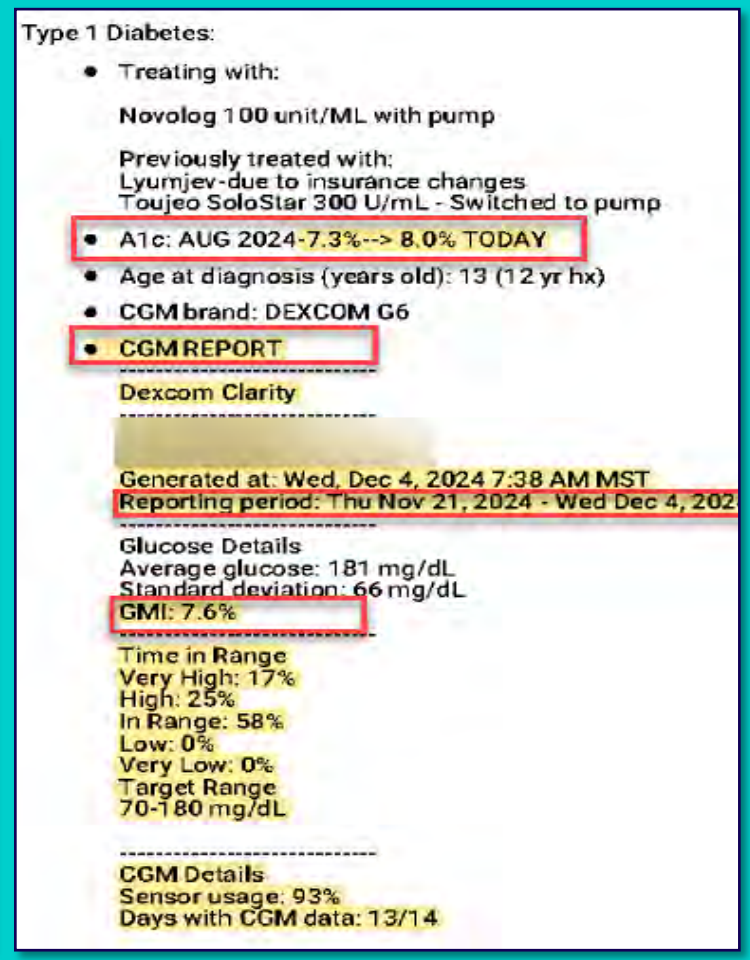
Target Range (70-180mg/dL): 34%
Very High (>250mg/dL): 20%
High (181-250mg/dL): 41%
Low (54-69mg/dL): 0%

Problem List/Past Medical History
Ongoing
Alcohol abuse
Chewing tobacco use
Elevated hemoglobin A1c
Elevated LDL cholesterol level
Hyperglycemia
LADA (latent autoimmune diabetes of adulthood)
OM (otorrhamycosis)
Type 2 diabetes mellitus
Uses self-applied continuous glucose monitoring device
Historical
Disease caused by 2019 novel coronavirus

Procedure/Surgical History
- Colonoscopy with Biopsy (12/16/2021)

Medications

	What	How Much	When	Why	Instructions
New	rosuvastatin (CRESTOR) 5 mg oral tablet	1 tab(s) Oral (given by mouth)	Every day	Elevated LDL cholesterol level	Refills: 3 Take 1 tab daily for elevated LDL cholesterol Pickup at UNTS



Type 1 Diabetes:

- Treating with:

Novolog 100 unit/ML with pump

Previously treated with:
Lyumjev-due to insurance changes
Toujeo SoloStar 300 U/mL - Switched to pump

- A1c: AUG 2024-7.3%--> 8.0% TODAY
- Age at diagnosis (years old): 13 (12 yr hx)
- CGM brand: DEXCOM G6
- CGM REPORT

Dexcom Clarity

[redacted]

Generated at: Wed, Dec 4, 2024 7:38 AM MST
Reporting period: Thu Nov 21, 2024 - Wed Dec 4, 202

Glucose Details
Average glucose: 181 mg/dL
Standard deviation: 66 mg/dL
GMI: 7.6%

Time in Range
Very High: 17%
High: 25%
In Range: 58%
Low: 0%
Very Low: 0%
Target Range
70-180 mg/dL

CGM Details
Sensor usage: 93%
Days with CGM data: 13/14

NOTE: If there is an A1c and GMI on the same day, Select Health can accept the lower one. The latest one taken in the year is what will count towards the measure.

Tips & Tricks for Clinic Gap Closure

- ✓ Use clinic gap reports to track patients with A1c > 8%.
- ✓ Recall those members for GMI or A1c checks every 3 months.
- ✓ For clinics without a lab data feed, only claims data is available (date of draw, no result).
- ✓ Submit corrections or CPT II codes to close gaps.

Summary & Action Steps

- ✓ Monitor A1c/GMI regularly and follow up on poor control.
- ✓ Use GMI when CGM data is available and document clearly.
- ✓ Leverage gap reports and submit corrections accordingly.

References

1. National Committee for Quality Assurance. Glycemic status assessment for patients with diabetes (GSD). NCQA.org website. 2024. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/glycemic-status-assessment-for-patients-with-diabetes-gsd/. Accessed September 10, 2025.

2. American Diabetes Association. ***Understanding A1C Test***. ADA.org website. n.d. https://diabetes.org/about-diabetes/a1c. Accessed August 7, 2025.

3. National Committee for Quality Assurance. MY 2024 Quality Rating System (QRS) HEDIS Value Set Directory. NCQA.org website. 2024. Available at: https://store.ncqa.org/my-2024-quality-rating-system-qrs-hedis-value-set-directory.html. Accessed September 10, 2025.

4. Pei J, Wang X, Pei Z, & Hu X. Glycemic control, HbA1c variability, and major cardiovascular adverse outcomes in type 2 diabetes patients with elevated cardiovascular risk: Insights from the ACCORD study. ***Cardiovascular Diabetology***. 2023. 22(1):287.

5. Selvin E. The glucose management indicator: Time to change course? ***Diabetes Care***. 2024; 47(6):906-914.